

TO: Prospective J-1 Visa Waiver Employers/Sponsors
FROM: Perelia Taylor, Division Director, Office Of Primary Care Liaison
RE: **Revised Mississippi J-1 Visa Waiver Policies and Procedures:
“State 20 Program” (Adopted July 2002)**

The Office of Primary Care Liaison (OPCL), within the Office of State Health Officer, Bureau of Field Services has been designated as the Division to serve as a State Contact and clearinghouse for the above referenced program. OPCL will administer the program in a fair and consistent manner, as well as provide technical assistance to all interested in developing either the site predetermination or “actual” application for placement of a foreign-trained J-1 Visa Waiver provider. Attached please find the revised Mississippi J-1 Visa Waiver Policies and Procedures for the State 20 Program. **Separate Guidelines are available for Specialists.**

Please note the changes/modifications to the MSDH J-1 Waiver Policies. THESE POLICIES AND PROCEDURES ARE EFFECTIVE IMMEDIATELY.

THE FOLLOWING IS IMPORTANT INFORMATION PERTAINING TO THE J-1 WAIVER PROCESS:

- Health care facilities/sites interested in employing J-1 Visa Waiver physicians **must** submit a written request to the Office of Primary Care Liaison for a **“Predetermination”, prior to developing their actual J-1 Visa Waiver Application.** The request, at a minimum, must include the items contained on the attached page, “Site Predetermination Application”. No action in regards to the predetermination will be taken prior to written submission of the application, to include supporting documentation. **NO INFORMATION WILL BE PROVIDED OVER THE TELEPHONE IN REGARDS TO THE APPLICATION PRIOR TO FINAL REVIEW BEING COMPLETED.**
- Information on currently designated health professional shortage areas (HPSAs) for primary medical care or mental health recommendations will be provided upon request. Medical facilities located in those counties which are a part of the Appalachian Regional Commission are not eligible to recruit primary care J-1 Physicians through the program.
- The review cycle should be completed within 180 days.
- **If** a favorable final determination is provided, your health care facility may request and receive technical assistance in developing a “full-blown” or “actual” application.
- Additionally, a non-refundable processing fee of **\$250.00** is required to process a State 20 Waiver application. A check or money order payable to the Mississippi State Department of Health should be submitted with the completed application/request. No requests will be processed without payment of the processing fee. All checks submitted with the “Site Predetermination Application” will be returned.
- The US Department of State requires that the J-1 Visa Waiver Data Sheet be submitted to the appropriate address contained in the Department’s policies, along with the \$230.00 user processing fee and two self-addressed, stamped, legal-size envelopes. A USIA file number will be assigned, and must be placed on each page within the actual application. The Department of State’s mailing address and a copy of their required data sheet is included in this packet.

If there are questions, please contact the Office of Primary Care at the number listed on this page.

**STATE OF MISSISSIPPI
J-1 VISA WAIVER PROGRAM APPLICATION INFORMATION**

An original and two (2) copies of the J-1 Visa Waiver application should be mailed to the Mississippi State Department of Health address listed below.

MAIL APPLICATIONS TO:

**MSDH - Office of Primary Care Liaison
Post Office Box 1700
570 East Woodrow Wilson
Jackson, MS 39215-1700**

Inquiries regarding the application process or status of application while being reviewed by the Mississippi State Department of Health, contact the Office of Primary Care Liaison office at (601) 576-7216. Upon receipt the application is assigned to a staff person within the office.

The US Department of State requires that the J-1 Visa Waiver Data Sheet, along with supporting documentation, and the user processing fee of \$230.00 be sent to:

Postal Service

**US Department of State/Waiver
Waiver Review Division
Post Office Box 952137
St. Louis, MO 63195-2137**

Courier Service

**US Department of State
Waiver Review Division
(Box 952137)
1005 Convention Plaza
St. Louis, MO 63101-1200**

- Website address for forms: <http://travel.state.gov/DS-3035.pdf>
- Status inquiries on a waiver application must call 202-663-1600 or 202-663-1225.

APPLICATION REQUIREMENT:

The following must be included in the application developed by or on behalf of the sponsoring entity: A copy of “Mississippi J-1 Visa Waiver Guidelines”, including signed certification of compliance (pages 1-10, original signatures required), indicating that the sponsoring facility and foreign provider have read, understand, and will comply with the additional requirements imposed by the state, and will cooperate with the State Contact (OPCL) in the reporting and monitoring process.

EMPLOYMENT CONTRACT

- A. The MSDH will support amending the service requirement of three (3) years.
- B. The recommended term of the employment contract with Mississippi health care facilities is a minimum of four (4) years. A four or more year employment obligation indicates a commitment to the area and community.

State 20 J-1 VISA WAIVER PACKAGE FOR PHYSICIANS

Please provide an original and two (2) copies of the J-1 Visa Waiver Application assembled in the following order. (The USIA File Number must be included on all pages.):

1. Cover letter from sponsoring/submitting entity, with original signature, on the facility's letterhead paper, and G-28, if appropriate. Cover Letter format immediately follows this page.
2. Mississippi State Department of Health's J-1 Policy Guidelines (Signed and dated; Original signatures required.)
3. Department of State Data Sheet (2 copies) (Item D. Waiver Review Application.)
4. Readable copies of J-1's IAP-66 forms for each year in J-1 status (from entry to the present). Foreign-trained provider must not have been "out-of-status" for more than 180 days since receiving a visa.
5. CV, including Social Security Number
6. Notarized USIA Exchange Visitor Attestation form (Blank copy included in packet)
7. Notarized USIA Employer Attestation form (Blank copy included in packet)
8. Copy of notarized, dated, executed tentative employment contract (See "Employment Contract" for minimum requirements.)
9. Documentation of employer's regional and national recruitment efforts (See "Recruitment " for minimum requirements).
10. Proof of current HPSA designation (must have been updated within the last five years).
11. Letters of community support from community leaders, local physicians, hospital administrators, etc.
12. Letters of recommendation from those who know the J-1 physician's qualifications.
13. Qualifications (copies of diplomas, licenses, board certification).
14. Proof of facility's existence (business license, occupancy permit, phone book listing, etc.) Further documentation may be required.
15. List of all psychiatrists or primary care physicians in the area, their fields of practice, and number of hours available to patients within the service area.
16. Notarized attestation that employer and staff were not acquainted with the J-1 physician prior to his/her application. Statement that the parties are not related.
17. No objection statement, if applicable.
18. I-94.
19. Completed Return Address label form. (Item E. US Department of State Waiver Review Application Instructions).